Breaking the Silence:

Meeting the mental health needs of young children and their families.

An early intervention model of child and parent mental healthcare.

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Introduction

The kids are not alright.

For decades, kids have not received the mental health help they need. One in five children and adolescents has an impairing mental health disorder [1, 2]. Yet, only 50% of kids ever receive mental health treatment, and even fewer receive evidence-based treatment that works [2].

Younger children have been forgotten in the national dialogue about the child mental health crisis. Infants, toddlers, preschoolers, and elementary school-age children have the same rates of impairing mental health disorders as teens[3, 4]. Yet, they are even less likely to receive mental health care than older children. Despite the fact that we know that early identification and intervention for mental health disorders in the early years of life improve outcomes across childhood and adulthood, our current solutions to address the child mental health crisis focus primarily on teens.

The children's mental health crisis is one part of a broader mental health crisis. Rates of parent mental health disorders are also rising. Together the child and parent mental health crises impact the family's functioning and adversely affect family relationships: the parent-child relationships, sibling relationships, parent-partner relationships, and co-parenting relationships, creating what we call a family mental health crisis.

We are in a child mental health crisis and are not meeting the needs of the youngest children and their parents.

1 in 5

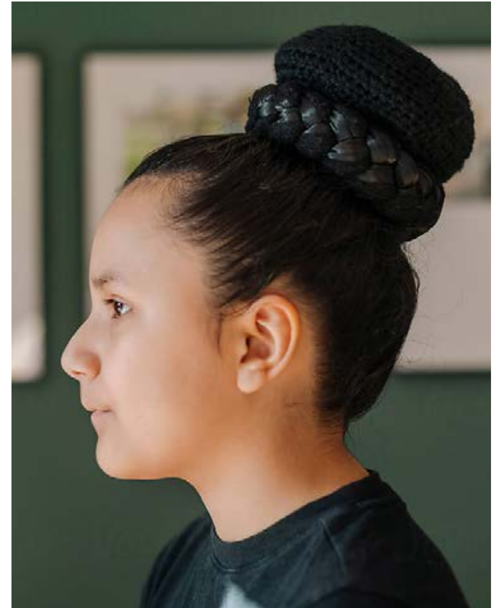
One in every five children have a diagnosable mental health disorder. These rates are the same from age 2 to age 18.

50%

Only 50% ever receive mental health treatment and even fewer receive evidence-based treatment that works.

Introduction

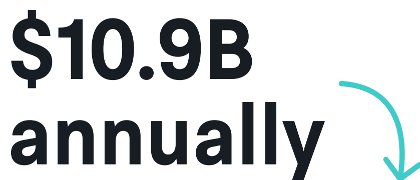
America's family health crisis is a costly failure.



Unmet family mental health needs are financially costly for children and families' overall health and wellbeing. The annual cost of childhood mental health disorders in the United States is estimated at $10.9 billion[5]. Children with a mental health disorder incur almost four times greater medical costs than those without a mental health disorder[6]. Mental health challenges are the top cause of disability and poor life outcomes in children[7].

Unmet child and parent mental health needs incur costs to future potential. Untreated mental health concerns are associated with negative educational outcomes, including lower attendance[8], higher dropout[9], and lower test scores[10]. Adults with mental health concerns are less likely to be employed[11], and mental health concerns are associated with losses in earnings[12].

The high cost of unmet parent mental health needs impacts the next generation. Failing to address how parent mental health adversely affects child mental health and development is costly. For example, the infants of mothers with postpartum depression have physical, developmental, emotional, behavioral, and cognitive challenges that extend into later childhood (2). The estimated cost of untreated postpartum mental health concerns for the mother-baby dyad is $32,000[13].



The total cost associated with childhood mental health disorders in the United States.

Introduction

Supporting the forgotten in the mental health crisis: Young children and their parents.

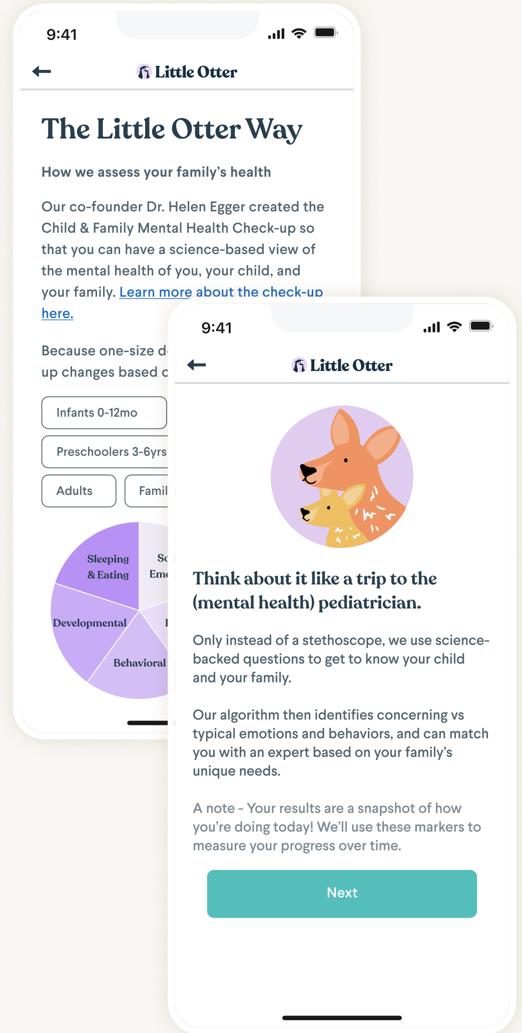
At Little Otter, we know that a critical way to make a meaningful impact on the mental health crisis is by focusing on the mental health of younger children. Little Otter has world expertise on the forgotten children: infants, toddlers, preschoolers, early school-age children, and middle schoolers with mental health needs and their families. Our whole family model of care recognizes that we are simultaneously facing a young child mental health crisis and a parent mental health crisis. Only by caring for young children and their caregivers will we give families a mental health solution that enables them to thrive.

The evidence of the benefits of early childhood mental health in terms of both return on investment and improved outcomes for individual children and their families continues to grow. Early Childhood Mental Health Interventions are cost-effective solutions that pay off for individual children, families, and society. The RAND Corporation's review of early childhood intervention found benefits in children's cognition and academic achievement, reduced special education, behavioral and emotional competencies, educational attainment, child maltreatment, health, delinquency, social welfare program use, and labor market success. The return for society on each dollar invested ranged from $1.80 to $17.07.

In this white paper, Breaking the Silence: Meeting the needs of young children and their families, we share data about the mental health needs of young children and their families from over 11,000 families who have sought care at Little Otter. This data paints a powerful picture of the profound mental health challenges facing young children and their families. We also share the Little Otter model of care, an early intervention approach to mental health care that recognizes that the only way we are going to solve the mental health crisis is if we start early and take a whole-family approach.

Little Otter Data

Our data: The Child & Family Mental Health Check-Up.



At Little Otter, data is essential to our new model of care. Measurement at every stage of the Little Otter journey enables us to characterize the mental health needs of children from birth to age 14 and their families and show that our care works.

The Child and Family Mental Health Check-up (FMHC) is our proprietary screening tool, derived from reliable and valid measures, that parents complete at the beginning of their family's mental health journey and then every 3 months. The FMHC assesses 1) child mental health, 2) parent mental health, and 3) family mental health, providing a 360-degree view of the family's unique needs and strengths. The FMHC is developmentally-sensitive with unique versions for infants, toddlers, preschoolers, and school-age children.

About Our Data

More than 11,000 families have completed our Child & Family Mental Health Checkup. These data vividly illustrate the massive mental health challenges facing families with young children. While a convenience sample of families who have come to Little Otter because of their concerns about their child's mental health, this cohort represents one of the largest datasets about the mental health of the forgotten younger children (ages birth-14) and how the mental health of young children is interconnected with parent mental health and impacts family relationships.

To take the FMHC and receive your personalized mental health report visit www.littleotterhealth.com/

11,437
Total completions

6.9 years
Average age of child

96%
of parents who complete the FMHC are mothers

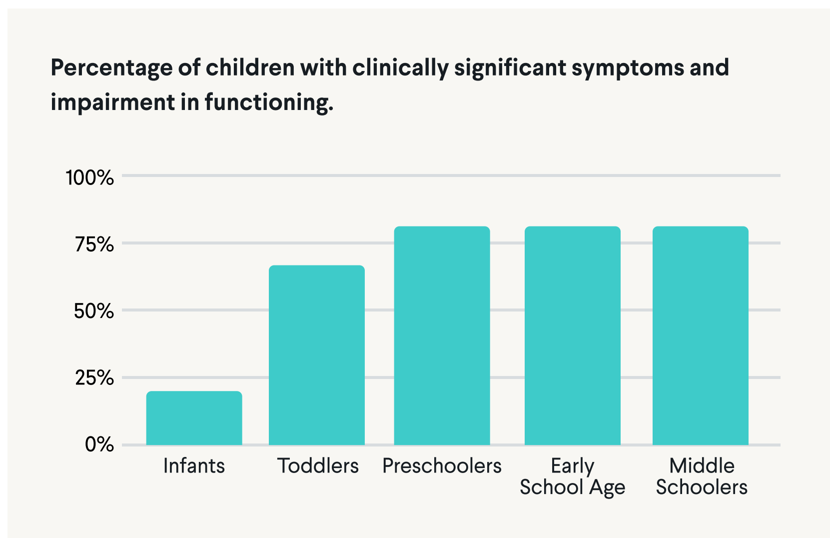
The mental health needs of young children have been overlooked.

The data is clear: Young children are suffering as much as teenagers and adults.

Mental health disorders begin in early life and are common, impairing, and treatable. For more than two decades, we have known that the rates of impairing mental health disorders in younger children are similar to those for teens. This is true for "tweens," elementary school-age children, and preschool children[1, 4, 14].

Suicide is the second leading cause of death for children 10-14 years old. Children ages 2-6 experience mental health disorders including anxiety disorders, depression, ADHD, behavioral disorders, and PTSD that can be identified and treated. Infants and toddlers also experience mental health challenges, including difficulties regulating emotions and attention, inconsolable crying, sleeping or feeding problems, aggressive behaviors, attachment challenges, and communication difficulties.

Little Otter data shows that young children, from infants to tweens, are experiencing mental health symptoms that adversely impact their functioning and development.



Overall, 79.2% of the children ages 1 month to 14 years old had mental health symptoms in the clinical range which were adversely impacting their development & functioning (Little Otter data)

Key Takeaways

Rates of mental health disorders in children 2-12 are the same as the rates for teens 13-18.

20%

of children ages 2-12 have an impairing mental health disorder [1, 4, 14].

10 years

Average age of kids coming to Little Otter with suicidal ideation

50%

of all mental health disorders appear before age 14[15].

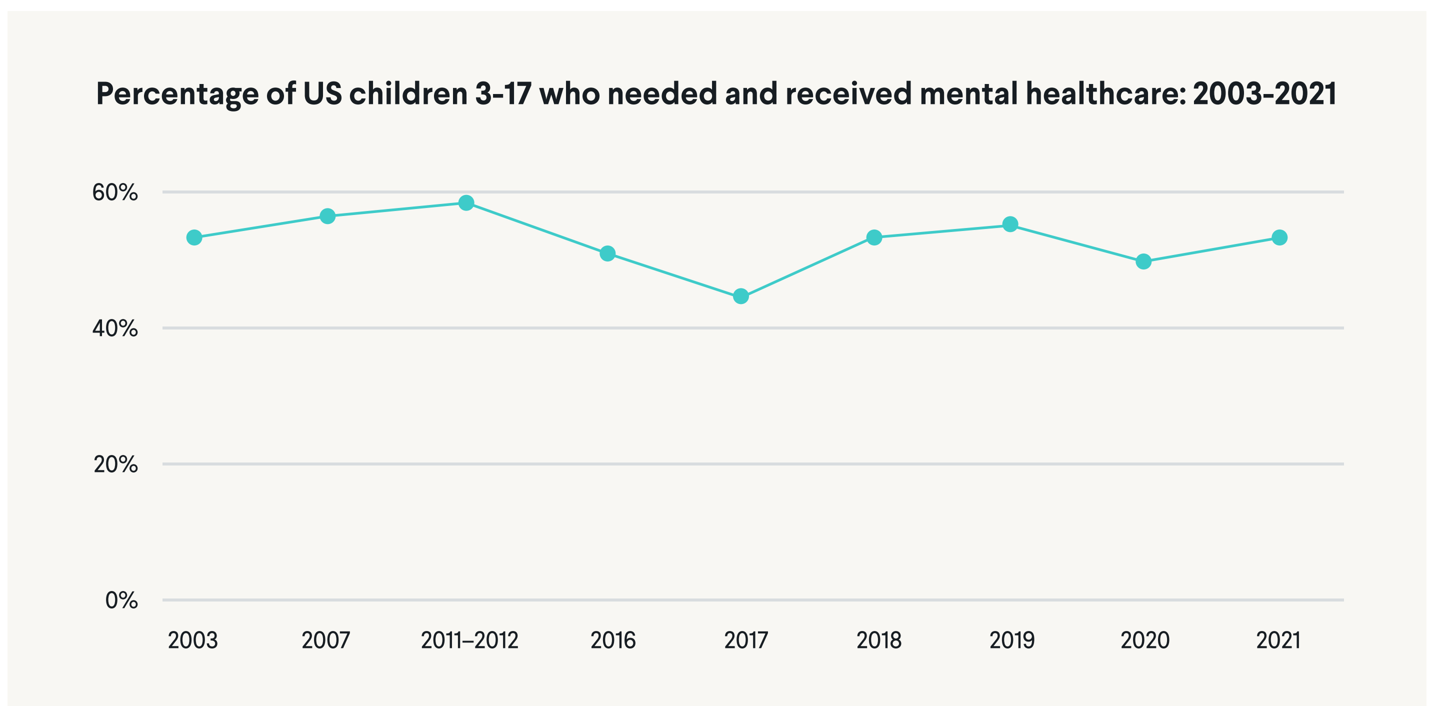
66%

of infants and toddlers with mental health challenges have on-going challenges in later childhood[16].

Children are not getting the care they desperately need.

Access to child and adolescent mental health care is abysmal.

Access to pediatric mental health care is not a new problem. Despite years of science and program development over the last thirty years, we have not moved the needle on the percentage of children with an impairing mental health disorder who receive mental health care[17]. Using national data, the figure below shows that there has not been a meaningful change in access to pediatric mental health care since 2003. What we are doing not is not working. We need new solutions.



Access to mental health care for young children is even worse.

Although they experience mental health concerns at the same rate as older children and teens, young children are less likely to receive treatment[18, 19]. Children under the age of 12 have the lowest rates of mental health service utilization[19]. In the last 12 months, 10.8% of children ages 5 to 12 years old received mental health care compared to 16.8% of children 13 to 17 years old[19] Reliable data for access to mental health care for children under five does not exist, but what we do know is that for preschoolers, only about 7% of the care they do get is based on best practices.[20].

Access to Early Intervention

Early intervention works.

Imagine if the teens and adults experiencing mental health challenges had received help when their symptoms began.

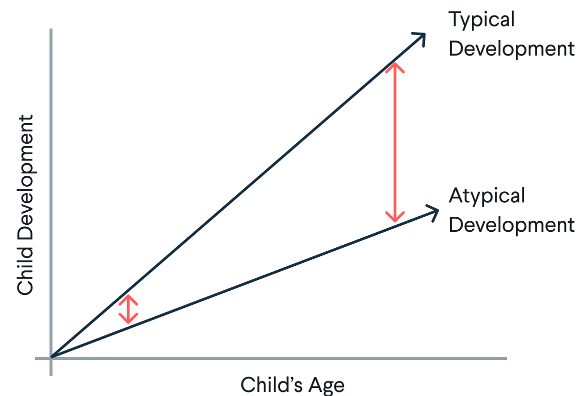
We know that early intervention is essential to getting to the root causes of our mental health crisis. When we identify children's developmental, emotional, behavioral, and social challenges as early as possible, we can intervene with lower-intensity interventions that make a difference across the child's life.

Untreated mental health disorders in early childhood compound

The implications of not treating mental health disorders in early childhood are huge. The current delays in identification and lack of access to early mental health care mean that by the time a child does get care, the child's symptoms are more severe, harder to treat, and highly impairing. On average, it takes eight to ten years for the child to receive treatment from the start of symptoms. Most children don't get care until they're in the "late stage" of their disorders (Warner, 2022). Early intervention is the most efficient and effective strategy to promote positive mental health outcomes.

The earlier we intervene, the better the outcome.

This figure illustrates how a child's mental health symptoms increasing impact on the child's functioning and development as the child develops. Intervening as early as possible positively impacts the course of mental health concerns as the child grows up and leads to life-long favorable outcomes in mental health, physical health, learning, and social-emotional capacities[21].



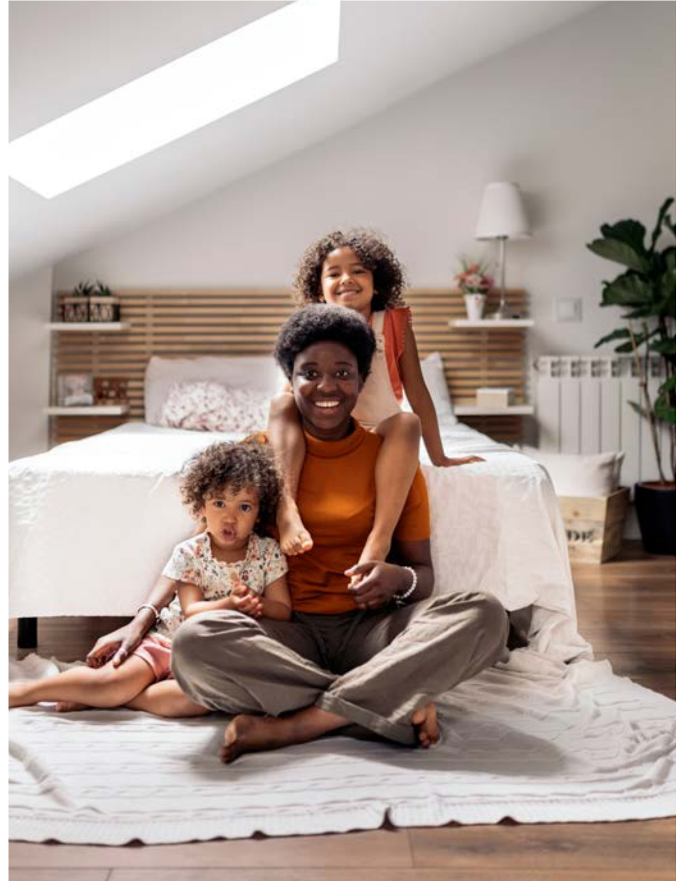
Pediatric Mental Health Care Is a Specialty

Providing access to specialized care is essential.

There is no one-size-fits-all solution to Pediatric Mental Health Care.

Teens are not the same as adults and younger children are not the same as teens. High-quality pediatric mental health care must be delivered by providers with training and experience treating children. Care must be tailored to the child's developmental stage. Children experience and understand the world differently at different ages and stages due to their developing brains and emerging cognitive, physical, social, and emotional capacities.

Assessing and providing care for very young children requires specialized training and expertise in Infant and Early Childhood Mental Health (IECMH). Diagnosis is complicated in early childhood as this developmental period is filled with constant changes and evolving abilities. A specialist must determine whether a child is merely going through a phase or if the pattern of their behaviors and emotions reflects a mental health disorder or developmental delay[21]. Access to these specialized infant and early childhood mental health services is even more restricted than care for school-age children, teens, and adults.



What is Infant and Early Childhood Mental Health?

Infant and Early Childhood Mental Health are defined as developing the capacity of the infant and young child to form close and secure relationships; to experience, manage, and express a full range of emotions; and to explore the environment and learn–all in the context of family, community, and culture.

Parent Mental Health Crisis

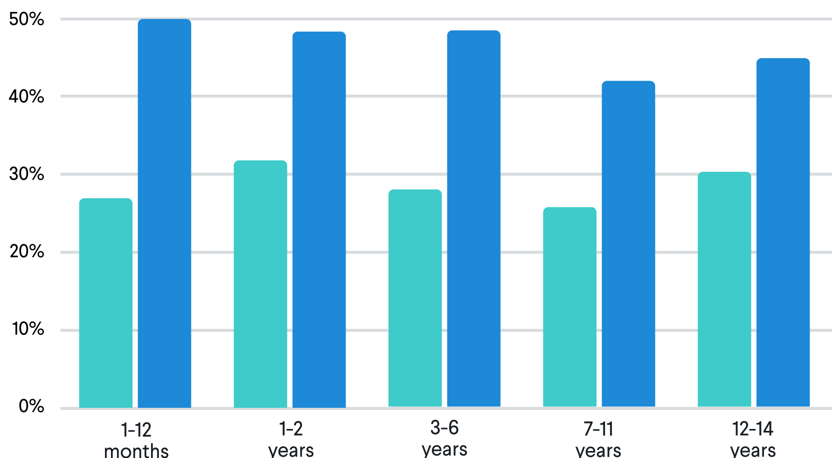
The mental health needs of parents, particularly mothers, are also not being addressed.

As the child mental health crisis has worsened, the parent mental health crisis has worsened, too. This means that kids grow up in homes with caregivers experiencing mental health challenges without support. Parent mental health impacts children's mental health, just as child mental health impacts parent mental health.

During the pandemic, global rates of anxiety in women more than doubled, and rates in men nearly tripled[22]. There was a nearly five-fold increase in depression in women and a six-fold increase in depression in men[22]. These rates are not coming down.

Our Little Otter data shown below confirms the scope of the problem. Across all age groups, our FMHC data shows that about half of parents (96% are moms) are experiencing clinical levels of anxiety as measured with the GAD-2 and about a third are experiencing clinical levels of depression as measured on the PHQ-2.

Rates of clinically significant parent mental health concerns by age group of child. Rates of anxiety and depression are similar across all child age groups.



Key Takeaways

We talk about the child mental health crisis, the loneliness epidemic, and the rising stress and adversity for families as though they are isolated problems, but they aren't. They are interconnected. We cannot solve one crisis without addressing the whole.

46%

of mothers who completed the FMCH were in the clinical range for anxiety.

29%

of mothers who completed the FMHC were in the clinical range for depression.

Child and Parent Mental Health Are Interwined

Child and parent mental health impact each other.

In the National Survey of Children's Health, parent mental health directly impacts the physical and mental health of children. Children with a caregiver with poor mental health are twice as likely to have a mental health disorder and four times as likely to have poor general health compared to children with caregivers with good mental health[23]. Mothers with mental health concerns use less effective parenting strategies and are less likely to develop strong, secure, healthy relationships with their children, which can negatively impact child social, emotional, and educational outcomes[2].

Our Little Otter data confirm that child and parent mental health are intertwined.

94%

of children from birth to age 14 who have a parent with depression are also in the clinical range for at least one mental health disorders.

92%

of children from birth to age 14 who have a parent with anxiety are also in the clinical range for at least one mental health disorders.

A Family Mental Health Crisis

The child and parent mental health crises impact the whole family.

The mental health of each family member impacts the entire interconnected network of relationships that creates the family system. The health of the family system significantly influences young children as they rely on and are very strongly influenced by the parent-child relationship and family environment. Family mental health also has a powerful impact on young children's brain development, which sets the stage for cognitive, physical, and social health and wellbeing throughout the lifespan[24].

Our Little Otter data shows that the mental health of children, parents, and the family are all connected. Parents report increased stress when their children have mental health concerns. They also report difficulties in their relationships with other adults in the family.

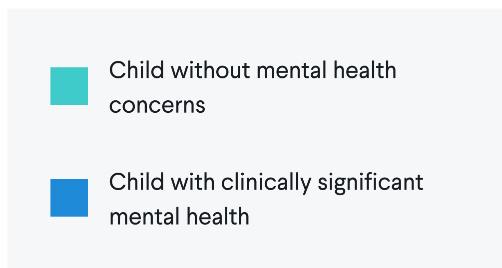
32%

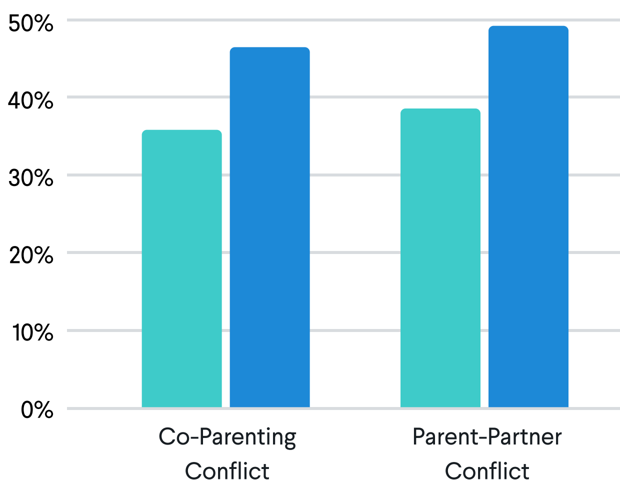
of families report unmanageable family stress when a child has a clinically significant mental health concern. When a child does not have a clinically significant mental health concern only 23% of families report unmanageable family stress.

70%

of parents with clinically significant anxiety report unmanageable stress compared to 30% of parents without clinically significant anxiety.

The adult relationships are also under strain.

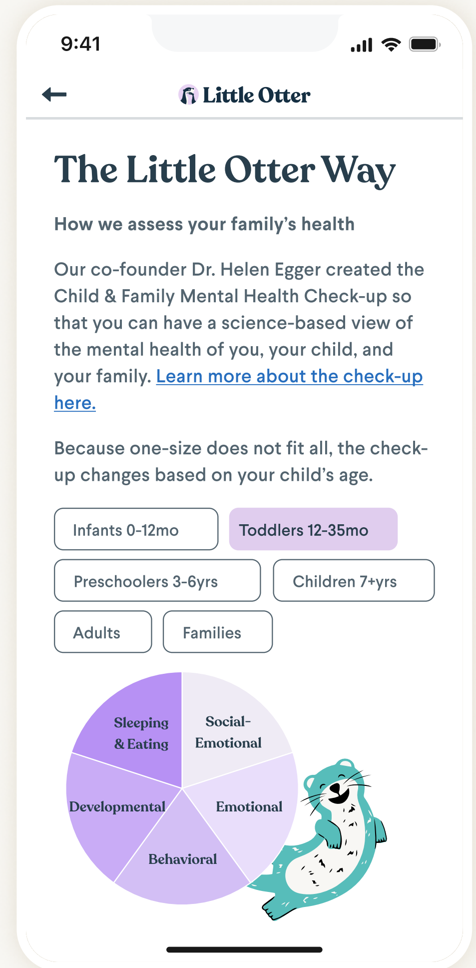




The Little Otter Solution

The Little Otter Way: A model of care for young children and families that works.

Siloed care for individual family members is not sufficient. We need to change how we identify and address mental health challenges in children. We need a model of care that truly sees the interwoven relationships that form the family system in which children are embedded and understands their impact--challenges they present but also the opportunity that lies within them.



A comprehensive model of care did not exist, so we built it ourselves.

Young children and their parent's mental health needs are not being met with current solutions. That is why we founded Little Otter, a digital first early childhood mental health company that meets the mental health needs of the forgotten: young children from birth to 14 years old and their parents. We have built an innovative, data-driven clinical platform that implements "The Little Otter Way," an accessible tele-health platform that brings expertise in early childhood mental health and early intervention to families.

Little Otter is grounded in 4 principles.

1 **Early Childhood Mental Health is Essential to Lifelong Health and Wellness**

We must identify issues early and address them with developmentally-appropriate expertise.

2 **Parent, Child, and Family Mental Health is Intertwined**

To effectively treat young children, we must include the context of the whole family.

3 **Telemedicine and digital health are the future**

With limited providers and a critical access problem, we must provide incredible virtual care.

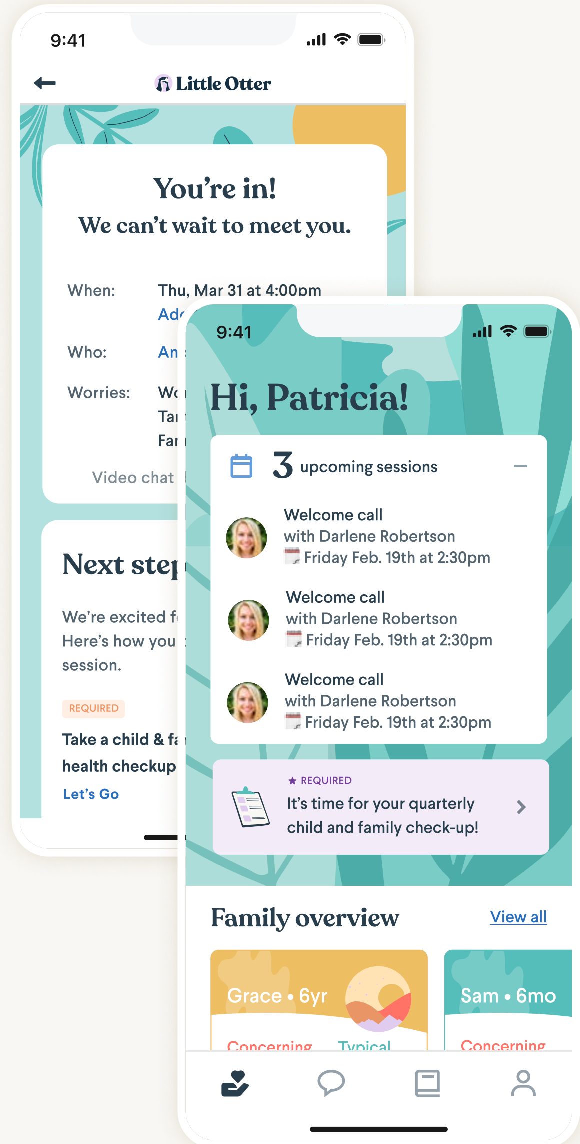
4 **Measurement Matters**

Our screening and measurement platform matches families to the right care at the right time.

The Little Otter Solution

The Little Otter experience.

Our care journey starts with the Child & Family Mental Health Check-up. After completion, parents receive a personalized report with actionable insights to support the entire family's mental health. With the results, parents are linked with the right master's or doctorate level clinician and digital resources to help their entire family.



We provide a range of services to meet each family's needs

Developmentally-appropriate digital resources for parents and screening tools

Parent Coaching to support non-clinical parenting and co-parenting concerns

Therapy and Medication Management for children 0-18 and their entire family

Individual parent Therapy and Medication Management, Family Therapy, and Couples Therapy to strengthen relationships inside the home

Little Otter's whole family approach to mental health care transforms the way that families receive mental health support through innovative technology and personalized care.

Little Otter Outcomes Data

Our child outcomes.

Our whole family approach works. . . for the whole family.

At Little Otter, we measure progress at every session and repeat the FMHC every three months. This enables us to show that our model of care works, for kids and the whole family. Here we share Little Otter outcomes data from a subset of more than 200 families that shows how the Little Otter Way is a new solution that meets the mental health needs of children and families.

Child Mental Health

71% **of kids in remission**

With an average of 12 sessions over 3 months, 71% of kids who had diagnostic levels of mental health symptoms, according to the Clinical Global Impression-Severity Scale (CGI-S), at the start of treatment are in symptom remission.

49% **of kids experience full remission of behavioral challenges**

After an average of 10 sessions, 49% of kids move from the clinical range to the non-clinical range of the Conduct Problems subscale of the Strengths and Difficulties Questionnaire (SDQ).

50% **of kids experience full remission of emotional challenges**

After an average of 10 sessions, 50% moved from the clinical range to the non-clinical range on the Emotional Symptoms subscale of the Strengths and Difficulties Questionnaire (SDQ).

33% **of kids experience full remission of activity challenges**

Little Otter Outcomes Data

Our parent mental health outcomes.

67% **of parental anxiety improved**

According to the GAD-2, of the 33% of parents in the clinical range for anxiety when they joined Little Otter, 67% were no longer in the clinical range after 12 weeks of the child's treatment.

69% **parental depression improved**

According t o the PHQ-2, of the 13% of parents in the clinical range for depression when they joined Little Otter, 69% were no longer in the clinical range after 12 weeks of the child's treatment.

Family Mental Health

65% **of family stress improved significantly**

For the families who reported elevated family stress when they joined Little Otter, 65% reported manageable family stress after the child's treatment.

39% **reported a significant reduction in conflict with their co-parent**

For the families who reported elevated conflict within the co-parenting relationship when they joined Little Otter, 39% reported typical levels of conflict after the child's treatment.

27% **showed a significant reduction in conflict with their partner**

For families who reported elevated conflict within the parent-partner relationship when they joined Little Otter, 27% were at typical levels of conflict after the child's treatment.

When kids get care, the whole family system is strengthened.

After an **average of 12** Little Otter child therapy sessions, parent and family mental health improves.

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